PTO/SB/17 (07-07)
Approved for use through 06/30/2010. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number  |                             |                          |           |                         |                 |           |
|--|-----------------------------|--------------------------|-----------|-------------------------|-----------------|-----------|
| Effective on 12/08/  |                             | Complete if Known        |           |                         |                 |           |
| Fees pursuant to the Consolidated Approp.  | 8). Application             |                          |           | 10/680,549-Conf. #5005  |                 |           |
| FEE TRANSMITTAL For FY 2007  |                             | Filing Date              |           |                         | October 7, 2003 |           |
|  |                             |                          |           |                         | Kamal Jain      |           |
|  |                             | Examiner N               |           |                         | A. O. Ajibade   |           |
| Applicant claims small entity status. See 37 CFR 1.27  |                             | Art Unit                 | THE GIRE  |                         | 2617            |           |
| TOTAL AMOUNT OF PAYMENT  | (\$) 1,240.00               | Attorney Do              | cket No.  | M1103.70141US00         |                 |           |
| METHOD OF PAYMENT (check all that apply)   |                             |                          |           |                         |                 |           |
| Check X Credit Card Money Order None Other (please identify):  |                             |                          |           |                         |                 |           |
| Deposit Account Deposit Account Number. 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.   |                             |                          |           |                         |                 |           |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                             |                          |           |                         |                 |           |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |                             |                          |           |                         |                 |           |
| Charge any additional fee(s) or underpayments of Credit any overpayments   |                             |                          |           |                         |                 |           |
| FEE CALCULATION  |                             |                          |           |                         |                 |           |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |                             |                          |           |                         |                 |           |
| FILING FEES SEARCH FEES EXAMINATION FEES   |                             |                          |           |                         |                 |           |
| Application Type Fee (\$   | Small Entity<br>Fee (\$) Fe | Small En<br>(\$) Fee (\$ |           | Small Entity Fee (\$)   | Food I          | Paid (\$) |
| Utility 300  |                             | 00 250                   | 200       | 100                     | Fees            | aid (a)   |
| Design 200   |                             | 00 50                    | 130       | 65                      |                 |           |
| Plant 200  |                             | 00 150                   | 160       | 80                      |                 |           |
| Reissue 300  |                             | 00 150                   | 600       | 300                     |                 |           |
| Provisional 200  | 100                         | 0 0                      |           |                         |                 |           |
| 2. EXCESS CLAIM FEES   | 100                         | 0 0                      | 0         | 0                       |                 |           |
| 2. EXCESS CLAIM FEES   Small Entity  |                             |                          |           |                         |                 |           |
| Each claim over 20 (including Reissues)  |                             |                          |           |                         | 50              | 25        |
| Each independent claim over 3 (including Reissues)   |                             |                          |           |                         | 200             | 100       |
| Multiple dependent claims  |                             |                          |           |                         | 360             | 180       |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$)   |                             |                          |           | Multiple Depende        |                 |           |
| -= x = Fee (\$)  |                             |                          |           |                         | ee Pald (       | 5)        |
| HP = highest number of total claims paid for, if greater than 20.  |                             |                          |           |                         |                 |           |
| Indep, Claims Extra Claims Fee (\$) Fee Paid (\$)  |                             |                          |           |                         |                 |           |
| - x "  |                             |                          |           |                         |                 |           |
| HP = highest number of independent claims paid for, if greater than 3.   |                             |                          |           |                         |                 |           |
| 3. APPLICATION SIZE FEE  |                             |                          |           |                         |                 |           |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 |                             |                          |           |                         |                 |           |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  |                             |                          |           |                         |                 |           |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |                             |                          |           |                         |                 |           |
| - 100 = (round up to a whole number) x =   |                             |                          |           |                         |                 |           |
| 4. OTHER FEE(S) Fees Paid (\$)   |                             |                          |           |                         |                 |           |
| Non-English Specification, \$130 fee (no small entity discount)  |                             |                          |           |                         |                 |           |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month 1801 Request for continued examination (RCE) (see 37  |                             |                          |           |                         | 450.00          |           |
|  |                             |                          |           |                         |                 |           |
| SUBMITTED BY   |                             |                          |           |                         |                 |           |
| Signature Court Registration No. (Altomoy/Agent) 57,866  |                             |                          | Telephone | elephone (617) 646-8000 |                 |           |
| Name (Print/Type) Scott J. Gerwin  |                             |                          |           | Date                    | July 26,        | 2007      |
|  |                             |                          |           |                         |                 |           |